Name in Full

Certificate of Death

Town Town Bevier County

Died at Providence Acre Somerset St MARYLAND

Month Day Y. M. D. Native of Occupation

Date 19 May 4 1904 Age 2.4 Penna Town

~~Male~~ Female White Colored ~~Married~~ Single Widow Widower Divorced Number of children living 2

Husband of
Wife

Father's Name Henry Bevins Mother's Maiden Name Hermety Bevins

Cause of Death: Primary — Consumption — How long sick 2 Years

Immediate — Tuberculosis Edema — Accident, Suicide, Homicide

Reported by Edgt Stevenson

Address Town Jas. J. Dunn Undertaker

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78899

Name in Full — Certificate of Death

Not Named

Died at — Town: Marion Station — County: Somerset — MARYLAND

Date 1904 — Month: May — Day: 26th — Age, Y. M. D.: - - 20 — Native of — Occupation

~~Male~~ Female — ~~White~~ Colored — ~~Married~~ ~~Single~~ — ~~Widow~~ ~~Widower~~ — ~~Divorced~~ Number of children living

Husband of —
Wife

Father's Name: Hiram S Bell — Mother's Maiden Name: Sarah E. White

Cause of Death — Primary: Stillborn — How long sick: 20 days

Immediate — Accident, Suicide, Homicide

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Reported by: Hiram Bell, Father of Child

Address: Marion Station Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70898

Can find no Evidence of anything wrong
and co gave Burial permit

Wm J Coulson M D

Coroner

Name in Full: Beulah Bonnett

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: New Wellington P.O. County: Somerset

Date of death	Month	Day	Age: Years	Months	Days
1904	May	6	17	—	—

Sex: female | Color or Race: Black | Birthplace: Somerset Co.

Occupation: — | Where Residing if not at place of death: —

Married, Single or Widowed: single | Name of Wife or Husband: —

Father's Name: Howard Bonno | Father's Birthplace: Somerset Co.

Mother's Maiden Name: Amanda Lann | Mother's Birthplace: " "

Name of person giving Imformation: John B. Ballard | How related to deceased: Cousin

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Tuberculosis | How long

Immediate: Asthma | How long

Are the name, age, sex, color, date and place correctly given above? as given by John B Ballard

Signature of Physician: No Physician in attendance

Address: [redacted]

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A93515

Name in Full: James Boston

CERTIFICATE OF DEATH

MARYLAND

Died — Town: Near Pocomoke City — County: Somerset

Date of death: Month: May — Day: 12 — Year: 1904 — Age: 48 — Months: — — Days: —

Sex: Male — Color or Race: Colored — Birthplace: Somerset Co Md

Occupation: Farmer — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife or Husband: Sarah Boston

Father's Name: Frank Boston — Father's Birthplace: Somerset Co. Md

Mother's Maiden Name: — — Mother's Birthplace: —

Name of person giving Imformation: F. E. Matthews — How related to deceased: None

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Apoplexy — How long: 6 hours

Immediate: Strangulation — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: R. E. Hall

Address: Pocomoke City, Md

Accident or Suicide?

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LIBRARY BUREAU A89516

CERTIFICATE OF DEATH

MARYLAND

Name in Full: Marian M. Dashiell

Died at: Town: Deal Island; County: Somerset

Date of death 190 4: Month: May; Day: 1

Age: 5 Years; 9 Months; Days

Sex: Female

Color or Race: white

Birthplace: Md

Married, Single or Widowed:

Occupation:

Name of Wife or Husband:

Father's Name: Wm C Dashiell

Father's Birthplace: Md

Mother's Maiden Name: Della F. Collier

Mother's Birthplace: Md

Name of person giving Information: Della Dashiell

How related to deceased: Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cerebral Meningitis (Tuberc)

How long: 3 weeks

Immediate: Asthenia

How long: 1 week

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: M.G. Alexander

Address: Deal Island Md

Accident or Suicide?

LIBRARY BUREAU A68516

Name in Full: Henry Gillis

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Upper Fairmount — County: Somerset

Date of death 1904: Month: May — Day: 23rd — Age: Years: 34 — Months: 1 — Days: 20

Sex: Male — Color or Race: Black — Birthplace: Fairmount

Married, Single or Widowed: Single — Occupation: Laborer

Name of Wife or Husband: —

Father's Name: Joshua Gillis — Father's Birthplace: Fairmount

Mother's Maiden Name: Sarah A Gillis — Mother's Birthplace: Fairmount

Name of person giving Information: Geo Hall — How related to deceased: not at all

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis — How long: One Year

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above? Yes — Signature of Physician: G. E. Dickinson

Address: Upper Fairmount Md.

Accident or Suicide?

LIBRARY BUREAU A83515

Name in Full: Susan Johnson

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Dames Quarter — County: Somerset

Date of death 1904: Month: May — Day: 7th — Years: Age 65 — Months: — — Days: —

Sex: Female — Color or Race: Colored — Birthplace: Somerset Co.

Married, Single or Widowed: widowed — Occupation: —

Name of Wife or Husband: —

Father's Name: — — Father's Birthplace: —

Mother's Maiden Name: — — Mother's Birthplace: —

Name of person giving information: Preston Roberts — How related to deceased: no relation

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis — How long: 6 mos.

Immediate: Asthenia — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: L. J. Windsor, M.D.

Address: Dames Quarter Somerset Co. Md.

Accident or Suicide?

LIBRARY BUREAU A88316

Name in Full: Mary Laird

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Crisfield — County: Somerset

Date of death 1904 — Month: May — Day: 31 — Age: Years 27 — Months — — Days —

Sex: Female — Color or Race: White — Birthplace: Md

Married, Single or Widowed: Married — Occupation: —

Name of Wife or Husband: Geo Laird

Father's Name: Wm Hickman — Father's Birthplace: Md

Mother's Maiden Name: Mary White — Mother's Birthplace: "

Name of person giving In formation: Geo Laird — How related to deceased: Husband

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis — How long: 8 mos

Immediate: Exhaustion — How long: 3 wks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: R. L. Otwell M.D.

Address: Crisfield Md

Accident or Suicide?

LIBRARY BUREAU A38516

Name In Full

Certificate of Death

Mrs Elizabeth A. Maddox

Died at Town: Jamestown County: Somerset MARYLAND

Date 1904 Month: May Day: 20	Age Y. 65 M. D.	Native of	Occupation
~~Male~~ Female	White ~~Colored~~	Married ~~Single~~	Widow ~~Widower~~
~~Divorced~~	Number of children living 7		

~~Husband~~ Wife of G A. Maddox

Father's Name Daniel K Maddox

Mother's Maiden Name Susan Ballard

Cause of Death — Primary: Arterio sclerosis — How long sick: 3 months

Immediate: Asthenia

~~Accident, Suicide, Homicide~~

Reported by Chas. W. Waimon M. D.

Address Princess Anne Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full: Paul Parlo

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Near Boston Station — County: Somerset

Date of death: Month: May — Day: 20 — 1904

Age: Years: 42 — Months — Days

Sex: Male — Color or Race: White — Birthplace: Newfoundland

Occupation: Farmer — Where Residing if not at place of death: Near Boston Station

Married, ~~Single~~ Widowed — Name of Wife or ~~Husband~~: Jennie Langer Parlo

Father's Name: Samuel Parlo — Father's Birthplace: Canada

Mother's Maiden Name: Don't know — Mother's Birthplace: Canada

Name of person giving information: Jennie Parlo — How related to deceased: Wife

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Consumption — How long: 2 years or more

Immediate — How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: No Dr in attendance

Address

Accident or Suicide?

LIBRARY BUREAU A88818

Name in Full: Mary Price

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Govans | County: Somerset, Co.

Date of death: 1904 May 11 | Age: Years 42 Months Days

Sex: Female | Color or Race: White | Birthplace: Deals Island

Occupation: House Wife | Where Residing if not at place of death:

Married, Single or Widowed: Married | Name of Wife or Husband: James Price

Father's Name: Andrew Bradshaw | Father's Birthplace: Deals Island

Mother's Maiden Name: Mary Bradshaw | Mother's Birthplace: Deals Island

Name of person giving Imformation: James Price | How related to deceased: husband

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cancer | How long: 8 months

Immediate: | How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Dr Hoyt

Address:

Accident or Suicide? undertaker Dale Daisfield

LIBRARY BUREAU A89613

Name in Full: Brice Smith

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Kingston — County: Somerset

Date of death 1904 — Month: May — Day: 23

Age — Years: — Months: 2 — Days: 5-

Sex: Male. — Color or Race: Colored — Birth-place: Kingston

Married, Single or Widowed: — — Occupation: —

Name of Wife or Husband: —

Father's Name: Frank Smith — Father's Birthplace: Worcester Co

Mother's Maiden Name: Estella Maddox — Mother's Birthplace: Somerset Co

Name of person giving In formation: Frank Smith — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Croup — How long: one week

Immediete: Exhaustion — How long: Immediately

Are the name, ege, sex, color. date and place correctly given above? yes

Signeture of Physician: Frank Smith (Father)

Address: Kingston

Accident or Suicide? no physician in attendance Md

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LIBRARY BUREAU A88816

Name in Full: Irene Smith

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Crisfield — County: Somerset

Date of death 1904 — Month: May — Day: 23 — Years: Age 17 — Months: 6 — Days:

Sex: Female — Color or Race: Black — Birthplace: Somerset Co

Married, Single or Widowed: Single — Occupation: House work

Name of Wife or Husband:

Father's Name: Frank Smith — Father's Birthplace: Somerset Co

Mother's Maiden Name: Agnes Bortingtown — Mother's Birthplace: Somerset Co

Name of person giving In formation: Tayloe Wilson — How related to deceased: Brother in Law

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Wound — How long: 5 days

Immediate: Tetanus — How long: 3 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: C E Collins

Address: Crisfield

Accident or Suicide?

LIBRARY BUREAU A66518

Name In Full

Certificate of Death

Elias Taylor

Died at Town: Int. Vernon County: Somerset MARYLAND

Date 1904 Month: May Day: 7 | Age Y.: 80 M.: 7 D.: | Native of: Maryland | Occupation: Farmer

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | Widow ~~Widower~~ | Divorced | Number of children living 5

Husband ~~Wife~~ of Martha Collins

Father's Name Isaac Taylor | Mother's Maiden Name Elizabeth Taylor

Cause of Death: Primary Pneumonia | How long sick 20 days

Immediate | Accident, Suicide, Homicide

Reported by Daniel W. Jones M.D.

Address Rural Route Somerset Co Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 73898

Name in Full: Hannah Furpin

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Upper Fairmount — County: Somerset

Date of death 1904: Month: May — Day: 30 — Age: Years: 55 — Months: — Days: —

Sex: Female — Color or Race: Black — Birthplace: Fairmount

Married, Single or Widowed: Single — Occupation: Cook

Name of Wife or Husband: —

Father's Name: Dont Know — Father's Birthplace: —

Mother's Maiden Name: Julia Ann Ross — Mother's Birthplace: Somerset Co

Name of person giving Information: Geo Hall — How related to deceased: Not at all

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Valvular Disease of Heart — How long: 2 Years

Immediate: — — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: G. E. Dicklinson

Address: Upper Fairmount Md

Accident or Suicide? —

PHYSICIAN OR CORONER

LIBRARY BUREAU A88318

Name in Full: Purnell Tupkin

CERTIFICATE OF DEATH

MARYLAND

Died at: Crisfield (Town) — Somerset (County)

Date of death 1907: 4 (Month) May — 11 (Day)

Age: 12 Years — Months — Days

Sex: Male

Color or Race: Black

Birthplace: Crisfield

Married, Single or Widowed: Single

Occupation: School Boy

Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: [illegible]

Father's Birthplace: —

Mother's Maiden Name: Ella Jones -

Mother's Birthplace: Somerset Co

Name of person giving Information: Ella Jones

How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Shock

How long

Immediate: Heart Failure

How long: at once Immed

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Wm H Coulbourn,

Address: Crisfield, Md.

Accident or ~~Suicide~~? Accident

LIBRARY BUREAU A88519

Name in Full: Leah J Ward

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Marion Station; County: Somerset

Date of death 1904: Month: May; Day: 28; Years: 33; Months: (illegible); Days: 23

Sex: Female; Color or Race: Colored; Birthplace: Marion Md

Occupation: Housework; Where Residing if not at place of death: " "

Married, Single or Widowed: Married; Name of Wife or Husband: Alyce Ward

Father's Name: Geo H Whittington; Father's Birthplace: Marion

Mother's Maiden Name: Elizabeth Green; Mother's Birthplace: Pocomoke City

Name of person giving Imformation: Jno Hawkins; How related to deceased: Nephew

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Do not Know

How long:

Immediate: Pulmonary Tuberculosis

How long: 2 Years

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H. H. Gumby M. D.

Address: Marion Stations Md

H H Gumby

Accident or Suicide? X

LIBRARY BUREAU A86316

Name in Full: Benjamin Webster

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Deals Island | County: Somerset Co.

Date of death 1904: Month: May | Day: 31st | Years: Age 49 | Months: 8 | Days:

Sex: Male | Color or Race: White | Birthplace: Somerset Co.

Married, Single or Widowed: Married | Occupation: Oysterman

Name of Wife or Husband: Mary Webster

Father's Name: J. W. Webster | Father's Birthplace: Somerset Co.

Mother's Maiden Name: Drusilla Webster | Mother's Birthplace: Somerset Co.

Name of person giving information: Mary Webster | How related to deceased: wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Phthisis | How long: 6 months

Immediate: Hemorrhage | How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: S. J. Windsor, M.D.

Address: Dames Quarter, Md.

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Thomas Williams

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Mt vernon — County: Somerset

Date of death: Month: May — Day: 16 — Years: Age 78 — Months — Days

Sex: mail — Color or Race: White — Birthplace: Virginia

Occupation: Waterman — Where Residing if not at place of death: mt vernon

Married, Single or Widowed: married — Name of Wife or Husband: Mary Williams

Father's Name: un nown — Father's Birthplace: —

Mother's Maiden Name: un nown — Mother's Birthplace: —

Name of person giving Imformation: Charles Williams — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Dropsy — How long: 2 mounts

Immediate: — How long: —

Are the name, age, sex, color, date and place correctly given above? under taker

Signature of Physician: Dr Fisher

Address: Dale Darkill mt vernon Md

Accident or Suicide?

LIBRARY BUREAU A89516

Name in Full

CERTIFICATE OF DEATH

Died at Crisfield (Town) | County | MARYLAND

Date of death 190 + Month | Day | Age Years | Months | Days

Sex Male | Color or Race White | Birthplace

Married, Single or Widowed ~ | Occupation

Name of Wife or Husband

Father's Name Unknown | Father's Birthplace ~

Mother's Maiden Name Unknown | Mother's Birthplace ~

Name of person giving Information | How related to deceased

TO BE ANSWERED BY NEAREST FRIEND

"Autopsy held"

CAUSES OF DEATH

Primary Still Born | How long

Immediate " | How long

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician Wm J Coulbourne

Address Crisfield Md

Accident or ~~Suicide~~?

PHYSICIAN ~~OR CORONER~~

LIBRARY BUREAU A68318